

Conflicts of Interest Declaration



For Planning Council Members

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Print Name: _____

I am an Alternate for: _____

- ☐ General Public Member ☐ Institutional Member ☐ Service Provider Member

Planning Council members and Alternates will be considered to have a conflict of interest if they themselves, their relative, spouse, or domestic partner have an interest in issues to be discussed that might affect:

- A profit or non-profit organization in which he/she has a financial interest in or is serving as an officer, director, trustee, partner, paid employee, or consultant;
- A public agency in which he/she is serving as an paid employee or consultant;
- Any person or organization with whom he/she is negotiating or has an existing arrangement concerning prospective employment.

A **relative** is defined as the spouse, child, child's child, parent, grandparent, brother or sister of the whole or half blood and their spouses, and the parent, brother, sister or child of a spouse of a Council member. Unmarried domestic partners of Council members are regarded in the same manner as a spouse. Generally, conflict of interest does not refer to persons living with HIV disease whose sole relationship to a Part A service provider is as a client receiving services, or as an uncompensated volunteer working less than 30 hours per week.

☐ I have no known affiliations that present a conflict of interest.

☐ I have a conflict of interest for the following service categories (check all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> AIDS Drug Assistance Program (ADAP treatments) | <input type="checkbox"/> Home Health Care | <input type="checkbox"/> Outpatient/Ambulatory Medical Care |
| <input type="checkbox"/> AIDS Pharmaceutical Assistance (local) | <input type="checkbox"/> Hospice Services | <input type="checkbox"/> Outreach Services |
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Housing Services | <input type="checkbox"/> Pediatric Developmental Assessment and Early Intervention Services |
| <input type="checkbox"/> Child Care Services | <input type="checkbox"/> Legal Services | <input type="checkbox"/> Permanency Planning |
| <input type="checkbox"/> Early intervention services (EIS) | <input type="checkbox"/> Linguistics Services | <input type="checkbox"/> Psychosocial Support Services |
| <input type="checkbox"/> Emergency Financial Assistance | <input type="checkbox"/> Medical Case Management Services (including treatment adherence) | <input type="checkbox"/> Referral for Health Care/ Supportive Services |
| <input type="checkbox"/> Food Bank/Home-Delivered Meals | <input type="checkbox"/> Medical Nutrition Therapy | <input type="checkbox"/> Rehabilitation Services |
| <input type="checkbox"/> Health Education/Risk Reduction | <input type="checkbox"/> Medical Transportation | <input type="checkbox"/> Respite Care |
| <input type="checkbox"/> Health Insurance Premium & Cost Sharing Assistance | <input type="checkbox"/> Mental Health Services | <input type="checkbox"/> Substance Abuse Services Outpatient |
| <input type="checkbox"/> Home and Community-Based Health Services | <input type="checkbox"/> Oral Health Care | <input type="checkbox"/> Treatment Adherence Counseling |

I have a conflict of interest because:

- ☐ I am an employee or Officer of an agency receiving funds from Part A
- ☐ I am a relative of an employee or Officer of an agency receiving funds from Part A
- ☐ I have a financial interest in an agency receiving funds from Part A
- ☐ I am a paid consultant for an agency receiving funds from Part A
- ☐ I am a prospective employee for an agency receiving funds from Part A

It will be the responsibility of each Planning Council member, their fellow Planning Council members, and/or their Alternates to determine whether a conflict of interest exists. If your conflicts change, you must announce the change at meetings as soon as it occurs, and resubmit this form with the changes as soon as possible.

I hereby state that, to the best of my knowledge, information, and belief, I shall abstain from voting on issues that directly relate to or appear to relate to an action that may result, or appear to result in personal, organizational or professional gain. I agree to abstain from voting on the processes and the issues of the Planning Council that present a conflict of interest as determined above.

Signature _____

Date _____